

# BEST AVAILABLE COPY

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(Name and address of requesting agency)

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Date: \_\_\_\_\_

1387639/64

It is requested that your records on the following named person be checked:

Name: Dr. Wilhelm Heinrich CLASSEN  
Place of birth: St. TOENIS  
Date of birth: 28.10.1903

Occupation:

Present address:

Other information:

It is understood that the requested information will be supplied at cost to this organization, and that payment will be made when billing is received.

UNKNOWN

27 Mar. 66

277  
(Telephone No.)

CHARLES R. STONE

(Signature)  
Executive Officer

(This space will be filled in by the Berlin Document Center)

	Pos. Neg.	Pos. Neg.	Pos. Neg.
1. NSDAP Master File	_____	7. SA	13. NS-Lehrerbund
2. Applications	_____	8. OPG	14. Reichskartokammer
3. PK	_____	9. RWZ	15. Party Census
4. SS Officers	_____	10. EZW	16. _____
5. RUSHA	_____	11. Kultuskammer	17. _____
6. Other SS Records	_____	12. Volksgesetzhof	18. _____

For explanation of abbreviations and terms, see other side.

NSDAP Master File, SS Officers File, NS-Lehrerbund File and  
Miscellaneous:

O Dr. CLASSEN, Wilhelm Heinrich  
Born: October 28, 1903 at St. Toenis  
Occupation: ausserplanmaessiger Professor

See also attached copies of documents.

Encl.: 43 photocopies (37)

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